

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2171.A
Faculty Credentials Certification Form**

Name: _____ Social Security Number: _____

Campus/Division/Program: _____
To be completed by Division Head

Degrees Held (Press "tab" in last cell to add additional row in table):

Degree Level	Date Official Transcript Received	Granting Institution	Major	Minor

Courses for which this faculty member meets minimum requirements per SCP-2171:

Course Dept/No	Courses Title	Qualifications/Justification (i.e. Degree level and major; graduate hours; license; certification; experiences*, etc. Provide specific explanation. Press "tab" in last cell to add additional row to table.)

Professional Development:

	___ Required
	___ Required
	___ Required

I have verified the above information to the best of my ability. In addition, I have explained to the employee that all official documents must be in the Human Resources Office prior to his/her first day of employment.

SIGNATURES:

Division Head

Date

Vice President for Academic Affairs

Date

**Experiences should meet tested experience requirements for specific disciplines and programs.*

***Please add committee minutes as appropriate. (In the event a committee is needed to determine validity of tested experience used in place of all or part of earned credential.)*